

**TENNESSEE REGULATORY AUTHORITY  
DO NOT CALL PROGRAM  
460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0505  
615-741-3939  
Toll Free 1-800-342-8359**

Dear Sir/Madam,

Enclosed is a form for you to complete in reference to your complaint regarding a telephone solicitation. Please provide any documents or copies of call records that you think would be of assistance in the explanation and support of your complaint.

Once we have received your completed form, we will attempt to identify and locate the solicitor named in your complaint. Sometimes this requires an extensive amount of time up to 4-6 weeks. Once we identify and locate the company, we will send a notice of alleged violation to the prospective company for their response and proposed resolution. The company will then have 10 working days to respond to our request for explanation. You will also receive a notification by mail from your investigator. After receiving the company's response, someone from our office will notify you by phone or mail with the results. Please provide a daytime phone number where you can be reached if possible.

If you have any questions, please feel free to contact our office at 615-741-3939 ext. 162 or 1-800-342-8359 ext. 162.

Thank you for contacting the Tennessee Regulatory Authority's Do Not Call Program.

Enclosures (2)

# **DO NOT CALL SOLICITATION COMPLAINT FORM**

**RETURN TO**  
**Tennessee Regulatory Authority**  
**Consumer Services Division-DO NOT CALL**  
**460 James Robertson Parkway**  
**Nashville, TN 37243-0505**

**IMPORTANT!** This form is only for consumers who are registered in the Tennessee Do Not Call Register. If your residential telephone number *is not registered* on the Tennessee Do Not Call Register, your complaint cannot be processed. Please print or type the information requested. Information fields with an \* are required. We cannot process your complaint unless these fields are completed.

\_\_\_ **YES** \_\_\_ **NO** \* My telephone number appears on the Tennessee Do Not Call Register.  
If you answer '**No**' do not continue with this form. Please call 1-877-872-7030 to register.

**Your Name\*** \_\_\_\_\_  
(Please Print your full, legal name) \_\_\_\_\_ Signature for permission to obtain telephone records.

**Address\*:** \_\_\_\_\_

**City\*:** \_\_\_\_\_ **County\*:** \_\_\_\_\_ **State:** TN **ZIP\*:** \_\_\_\_\_

**Your Home Phone\*:**(\_\_\_\_) \_\_\_\_\_ **Work/Contact Phone:**(\_\_\_\_) \_\_\_\_\_

**Number Telemarketer called at your home\*:**(\_\_\_\_) \_\_\_\_\_ **Your E-Mail** \_\_\_\_\_

**Name of Telemarketer that your complaint is against\*:** \_\_\_\_\_

(Month/Day/Year) \_\_\_\_\_ **Date of call\*:** \_\_\_\_\_, **TIME** \_\_\_\_\_ **AM** **PM** **# Showing on Caller ID:**(\_\_\_\_)- \_\_\_\_\_

**Caller's Call-Back Number:**(\_\_\_\_) \_\_\_\_\_

**Product or Service Offered\*:** \_\_\_\_\_

**Caller Name: FIRST** \_\_\_\_\_ **LAST** \_\_\_\_\_

**Caller Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

- |  |                              |  |                              |
|--|------------------------------|--|------------------------------|
| *1. The call was from a live person.   | ___ <b>YES</b> ___ <b>NO</b> | *2. The call was a prerecorded message | ___ <b>YES</b> ___ <b>NO</b> |
| *3. The solicitor's telephone number was obtained electronically by Caller ID and listed above.  | ___ <b>YES</b> ___ <b>NO</b> |  |                              |
| *4. I have retained this phone number on my Caller ID or the message that was left.  | ___ <b>YES</b> ___ <b>NO</b> |  |                              |
| *5. I have an existing or prior business relationship with the company I am complaining against.   | ___ <b>YES</b> ___ <b>NO</b> |  |                              |
| *6. I would be willing to testify in court regarding this complaint.   | ___ <b>YES</b> ___ <b>NO</b> |  |                              |
| *7. I give permission to the Tennessee Regulatory Authority to obtain any records related to this call from my telecommunications carrier. | ___ <b>YES</b> ___ <b>NO</b> |  |                              |

**Please describe your complaint briefly. (Turn over page and use back if necessary)**

\_\_\_\_\_  
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\_\_\_\_\_  
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